



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Bluffton Regionalmedicalcentercarecenter

Email Address: brent.parsons@blufftonregional.com

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$59771642
Outpatient Patient Service Revenue	\$133071023
Total Gross Patient Service Revenue	\$192842665

2. Deductions From Revenue

Contractual Allowance	\$15385855
Other Deductions	\$572317
Total Deductions	\$15958172

3. Total Operating Revenue

Net Patient Service Revenue	\$38411795
Other Operating Revenue	\$312419
Total Operating Revenue	\$38724214

4. Operating Expenses

Salaries and Wages	\$13238122	Employee Benefits	\$3445990
Depreciation and Amortization	\$3657187	Interest Expense	\$33353
Bad Debt	\$3050390	Other Expenses	\$17537813
Total Operating Expenses	\$40962855		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2238641	Total Assets	\$42099106
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$40886847

Total Net Gains	\$-2238641
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58549830	\$50312139	\$8237691
Medicaid	\$28068865	\$24433707	\$3635158
Other Government	\$2570282	\$2288405	\$281877
Other State	\$0	\$0	\$0
Other Payers	\$103653690	\$77396622	\$26257068
Total	\$192842667	\$154430873	\$38411794

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$431394
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$82454	
HCI Payments	\$0		
Subtotal	\$0	\$82454	\$-82454
Medicaid Shortfalls	\$3635158	\$5364943	
Subtotal	\$3635158	\$5447397	\$-1812239
DSH Payments	\$0		
Subtotal	\$3635158	\$5447397	\$-1812239
Medicare Shortfalls	\$8237691	\$11190922	
Other Government Programs	\$281877	\$491271	
Total	\$12154726	\$17129590	\$-4974864

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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